

SUBSTANCE ABUSE PROGRAM CLIENT RESPONSIBILITIES

CONTRACT AGENCY: **Area Mental Health**
ADDRESS: **Attn: Kylee Kropp**
210 West Fourth
Scott City, KS 67871-1168
TELEPHONE NUMBER: **(620) 872-5338**

You are required to participate in a drug aftercare program. This letter lists some of your responsibilities in the program. Other rules of the program will be discussed by your probation officer and drug counselor.

1. You shall call **(620) 872-5338 Monday through Friday between 9:00 am and 9:30 am** in order to determine whether or not you will be required to report that day to submit a urine sample.

2. It is your responsibility to report as directed. Should the above telephone number not be working, or should you otherwise not be able to make contact by calling that number, you shall call alternative numbers listed below until you are able to visit with either your counselor or probation officer and determine whether or not you are scheduled to report that day. The alternative numbers are: (1) **(316) 269-6194**.

3. Failure to report as directed for any reason is a violation of your conditions of supervision. Other than minor adjustments in scheduling, your drug counselor is not authorized to excuse you from reporting as directed. Failing to report for counseling and/or urinalysis will be reported to the probation officer as a "no show." You must contact your probation officer immediately if you are unable to comply with these program requirements. Lack of transportation, scheduling problems derived from employment or school participation, child care problems, and bad weather are generally unacceptable reasons for failure to comply with this program. Illness is an acceptable reason only if verified by the probation officer with a doctor's statement or other medical records indicating an extreme temporary disability.

4. All urinalyses must be closely observed and monitored. Your cooperation is required.

5. You must give a urine sample in sufficient quantity to allow for testing. You must remain in the counselor's office until such time as an adequate quantity is provided. Medical excuses for failing to provide adequate urine must be accompanied by a verifiable doctor's statement.

6. You must advise the person assigned to take your urine sample whether or not you have utilized any drugs (prescription or otherwise) since the time of your last urinalysis. If you have received a prescription medication you shall provide the prescription to the counselor. The counselor will record all relevant information including the name of the drug, quantity, date, dosage, doctor, and pharmacy. In many cases, this information will be verified through communication with the pharmacy and doctor. If such communication occurs, you may be required to sign a release of information allowing such an exchange of medical information.

7. Should you submit a dilute urine specimen you may be required to remain in the counselor's office until you submit an acceptable specimen.

8. You shall pay a copayment of \$ _____.

9. You are to begin calling (620) 872-5338 on _____ for drug testing reporting instructions and to call Kylee Kropp at (620) 872-5338 _____ to schedule an initial appointment for counseling.

It is important that you realize fully your responsibilities in the drug aftercare program. Any questions you might have should be directed to your probation officer. Your participation in this program is a requirement of your continued supervision. With your assistance and cooperation, the goals of remaining drug free and satisfactorily completing your period of supervision will be achieved.

CLIENT

DATE

USPO

DATE

cc: Area Mental Health-Garden City

D/KS (Rev 10/04)